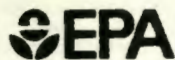


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F3-8701-74



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
PA	1061

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Raybestos - Manhattan (Raymark)		02 STREET, ROUTE, NO., OR SPECIFIC LOCATION IDENTIFIER 123 East Stiegel Street			
03 CITY Manheim	04 STATE PA	05 ZIP CODE 17545	06 COUNTY Lancaster	07 COUNTY CODE 071	08 CONG DIST PA16
09 COORDINATES LATITUDE 40° 09' 29" . . .		LONGITUDE 76° 24' 34" . . .			

10 DIRECTIONS TO SITE (Starting from nearest public road)

Route 72 south through Manheim; turn left on Steigal Street. Raymark is 100 yards on the left.

III. RESPONSIBLE PARTIES

01 OWNER (If known) Raymark, Incorporated		02 STREET (Business, mailing, residential) 100 Oakview Drive			
03 CITY Trumbull	04 STATE CN	05 ZIP CODE 06611	06 TELEPHONE NUMBER (302) 371-0101		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103 d) DATE RECEIVED: ____/____/____ ☐ C. NONE
MONTH DAY YEAR MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 3 / 5 / 87 <input type="checkbox"/> NO MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): NUS FIT 3			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1962 1973 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Asbestos and lead wastes

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Asbestos and lead wastes were disposed in an unlined earthen lagoon; however, according to company officials, the wastes were completely remediated.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspection on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Lorie Acker		02 OF (Agency Organization) EPA		03 TELEPHONE NUMBER 215) 597-3165	
04 PERSON RESPONSIBLE FOR ASSESSMENT (b) (4)		05 AGENCY NUS	06 ORGANIZATION FIT 3	07 TELEPHONE NUMBER (b) (4)	08 DATE 3 / 5 / 87 MONTH DAY YEAR

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**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS**

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
PA	1061

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input checked="" type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

Lead and asbestos wastes stored in an unlined earthen lagoon.

01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No surface water contamination observed or recorded

01 <input type="checkbox"/> C. CONTAMINATION OF AIR	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No air contamination observed or recorded

01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No fire or explosive conditions exist

01 <input type="checkbox"/> E. DIRECT CONTACT	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No direct contact; site is completely secured by cyclone fence

01 <input type="checkbox"/> F. CONTAMINATION OF SOIL	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres)	04 NARRATIVE DESCRIPTION		

Lagoon material was completely removed and placed in a hazardous waste disposal area.

01 <input checked="" type="checkbox"/> G. DRINKING WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input checked="" type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

The potential contamination exists due to the fact that home wells exist near the site

01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No worker exposure/injury recorded

01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

No population exposure or injury recorded

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SECTION 6

6.0 REFERENCES FOR SECTIONS 1.0 THROUGH 5.0

1. GCA Corporation, prepared for EPA. RCRA preliminary assessment/site investigation plan for Raymark, Incorporated. June 1986.
2. NUS Corporation, FIT 3. Preliminary assessment; site visit. TDD No. F3-8701-74, March 5, 1987.
3. United States Geological Survey. Manheim, Pennsylvania Quadrangle, 7.5 Minute Series. Topographic Map. Combined with Lilitz, Pennsylvania Quadrangle, 7.5 Minute Series. Topographic Map.
4. Weller, Dennis A., Raymark Manager, Facilities Engineering, with Paul Ryan, NUS FIT 3. Meeting. March 5, 1987.
5. Brewer, James, Manheim Borough Water Authority, with Paul Ryan, NUS FIT 3. Telecon. April 21, 1987.
6. Poth, Charles W. Summary Ground-Water Resources of Lancaster County, Pennsylvania. 1977. (Includes Pennsylvania Department of Environmental Resources Water Well Data System.)
7. National Oceanic and Atmospheric Administration. Local Climatological Data. Harrisburg, Pennsylvania. 1983.
8. United States Department of Agriculture, Soil Conservation Service. Soil Survey of Lancaster County, Pennsylvania. October 1979.
9. NUS Corporation, FIT 3. Site inspection report; section 3.0. TDD No. F3-8607-27, August 12, 1986.

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APPENDIX A

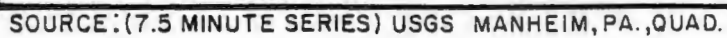
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8701-74-01


1.A. COST CENTER: Region 3		FIT ZONE I CONTRACT CONTRACT NO. 68-01-7346 TECHNICAL DIRECTIVE DOCUMENT (TDD)		2. NO.: F3-8701-74	
1.B. ACCOUNT NO.: S575PAJ6PA				2.A.: <input checked="" type="checkbox"/> NEW ASSIGNMENT <input type="checkbox"/> AMENDMENT	
3.A. PRIORITY: <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW		4.A. ESTIMATE OF TECHNICAL HOURS: 6080		5.A. SSID NO.:	
3.B. KEY EPA CONTACT: NAME: L. Acker PHONE: 597-3165		4.B. ESTIMATE OF SUBCONTRACT COST:		5.B. EPA SITE NAME: PA-1061 Raybeston-Manhattan Inc. - Lagoon	
				5.C. CITY/COUNTY/ STATE: Manheim, Lancaster, PA	
				6. DESIRED REPORT FORM <input checked="" type="checkbox"/> FORMAL REPORT <input type="checkbox"/> LETTER REPORT <input type="checkbox"/> FORMAL BRIEFING <input type="checkbox"/> OTHER (SPECIFY):	
				7.A. START DATE: 3/87 7.B. ESTIMATED COMPLETION DATE: 5/12/87 DRAFT	
8. TYPE OF ACTIVITY: <input checked="" type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> ESI <input type="checkbox"/> HRS SUPPORT <input type="checkbox"/> QA SUPPORT <input type="checkbox"/> SPECIAL STUDIES <input type="checkbox"/> ENFORCEMENT SUPPORT <input type="checkbox"/> TRAINING <input type="checkbox"/> EQUIPMENT MAINTENANCE <input type="checkbox"/> GENERAL TECHNICAL ASSISTANCE <input type="checkbox"/> PROGRAM MANAGEMENT					
9. GENERAL TASK DESCRIPTION: Conduct a Preliminary Assessment of the subject site.					
10. SPECIFIC ELEMENTS: 1.) Review background information. 2.) Contact state and local agencies for relevant information. 3.) Arrange for site access. 4.) Conduct a brief on and off site inspection to determine potential sample locations. 5.) Prepare and submit preliminary assessment report including proposed sampling plan and rationale, if applicable. 6.) All work on this project to be performed according to: WP-PA-1, Rev.1.				11. INTERIM DEADLINES:	
<input type="checkbox"/> ADDITIONAL SCOPE ATTACHED					
12. COMMENTS: State Code 042 County Code 071					
13. AUTHORIZING: <input checked="" type="checkbox"/> RPO <input type="checkbox"/> DPO <input type="checkbox"/> PO Harold G Byn (SIGNATURE)				14. DATE: 1/27/87	
15. RECEIVED BY: <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> ACCEPTED WITH EXCEPTIONS (ATTACH) <input type="checkbox"/> REJECTED (b) (4) (CONTRACTOR FITOM SIGNATURE)				16. DATE: 1/29/87	

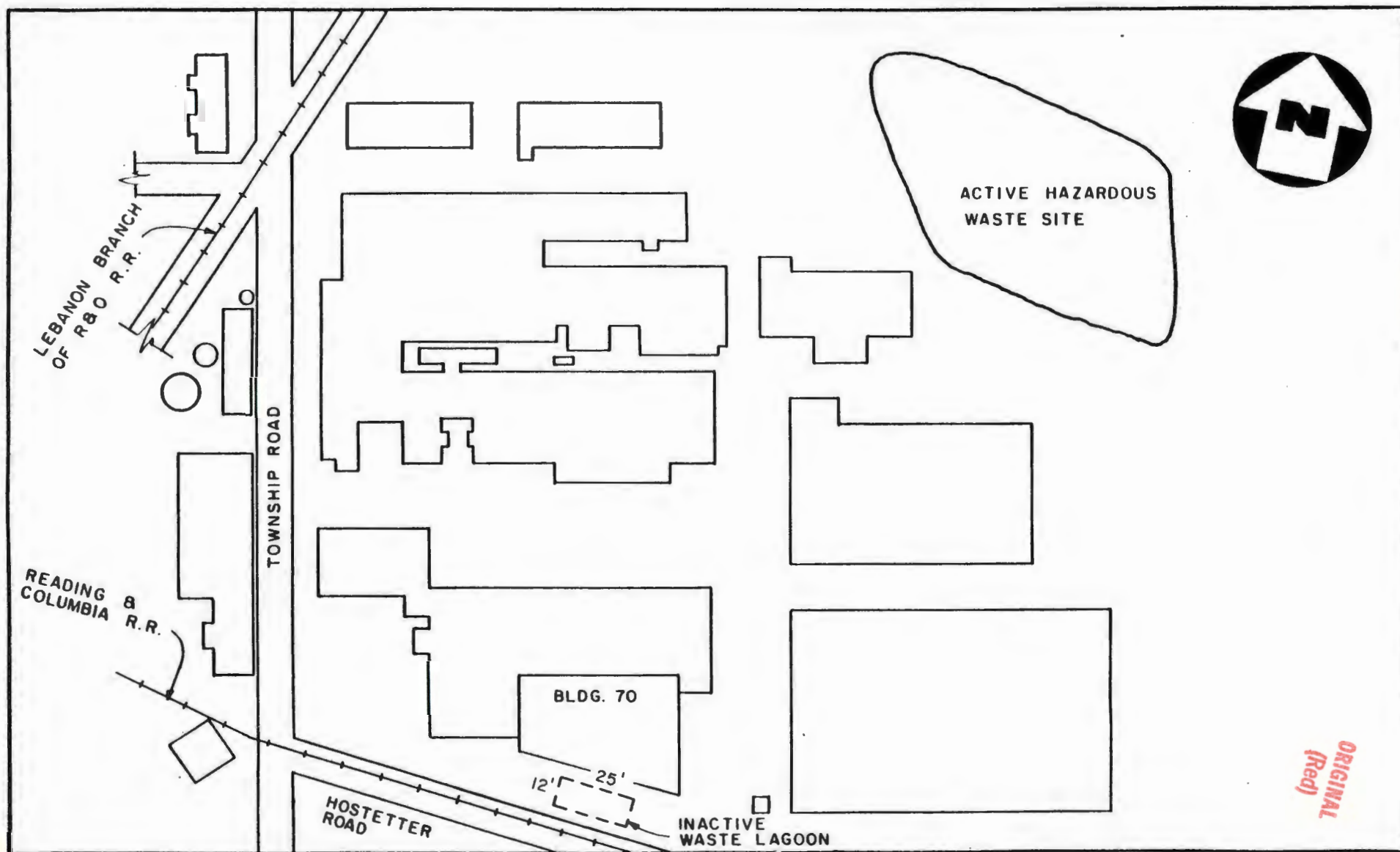
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APPENDIX B



SCALE 1:24000

 A Halliburton Company



SITE SKETCH
RAYMARK INCORPORATED
 (NO SCALE)

FIGURE 2

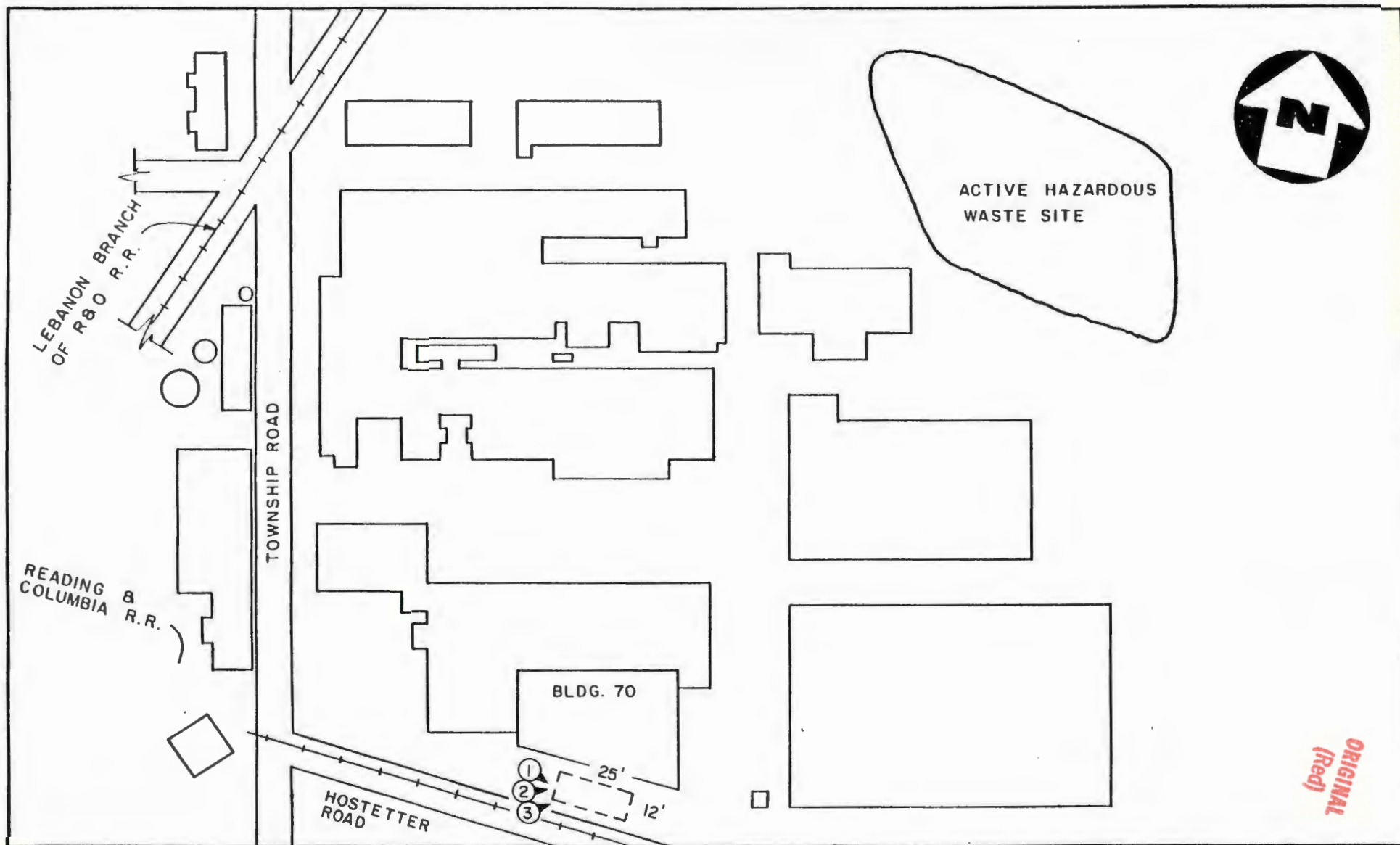


PHOTO LOCATION MAP
RAYMARK INCORPORATED
(NO SCALE)

FIGURE - 3